



City of San Antonio
Development Services Department
Master Development Plan
REQUEST FOR REVIEW



Case Manager

Robert Lombrano , Planner II (**Even** File number)

Ernest Brown, Planner II (**Odd** file Number)

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(Check One)

- | | |
|---|---|
| <input type="checkbox"/> Master Development Plan (MDP) (Formerly POADP) | <input type="checkbox"/> P.U.D. Plan |
| <input type="checkbox"/> MDP/ P.U.D. Plan (combination) | <input type="checkbox"/> Mixed Used District (MXD) |
| <input type="checkbox"/> Master Plan Community District (MPCD) | <input type="checkbox"/> Military Airport Overlay Zone (MAOZ) |
| <input type="checkbox"/> Traditional Neighborhood Development (TND) | <input type="checkbox"/> Manufactured Home Park Plan (MHPP) |
| <input type="checkbox"/> Flexible Development District | <input type="checkbox"/> Pedestrian Plan (PP) |
| <input type="checkbox"/> Urban Development (UD) | |
| <input type="checkbox"/> Rural Development (RD) | |
| <input type="checkbox"/> Farm and Ranch (FR) | |
| <input type="checkbox"/> Mix Light Industrial (MI-1) | |
| <input type="checkbox"/> Plat Certification Request | <input type="checkbox"/> Other: _____ |

Public Hearing ☐ Yes ☐ No
☐ Major ☐ Minor

Date: _____

(Check One)

Project Name: _____ **File#** _____

Engineer/Surveyor: _____

Address: _____ Zip code: _____

Phone: _____ Fax: _____

Contact Person Name: _____ E-mail: _____

Reference Any **MDP's, POADP's, and PUD's associated with this project:**

(Plats Only): 2 copies (folded) with Request for Review forms (attached)

(1) Master Development, (1) Major thoroughfare,

Master Plans & P.U.D. Submittals 15 copies (folded) with Development Services Department MDP Division Request for Review form (attached) for respective departments or agencies

REQUEST FOR REVIEW

(Cont.)

- | | |
|--|--|
| <input type="checkbox"/> Master Development Plan | <input type="checkbox"/> Street and Drainage |
| <input type="checkbox"/> Major Thoroughfare | <input type="checkbox"/> Traffic T.I.A. |
| <input type="checkbox"/> Neighborhoods <input type="checkbox"/> Historic | <input type="checkbox"/> Building Inspection - Trees |
| <input type="checkbox"/> Disability Access (Sidewalks) | <input type="checkbox"/> Parks – Open space |
| <input type="checkbox"/> Zoning | <input type="checkbox"/> Fire Protection |
| <input type="checkbox"/> SAWS Aquifer | <input type="checkbox"/> Bexar County Public Works |
| <input type="checkbox"/> Storm Water Engineering | <input type="checkbox"/> Other: _____ |

City of San Antonio Development Services Department use

FROM: Michael O. Herrera, Special Projects Coordinator **Date:** _____

SUBJECT: The attached item has been submitted for your review, recommendation, and or comment to the Planning Commission or Director. **If necessary, please circulate within your department.** Copy this review sheet as needed. Mark your comments here and be prepared to review at the next schedule meeting. Your written comments are strongly encouraged for documentation in the file.

☐ **I recommend approval**

☐ **I do not recommend approval**

On _____, **I notified** _____, **the engineer/**
subdivider/agent, of the corrections needed to remove this objection. Tel # _____

Comments: _____

Signature

Title

Date

Please return this form to Michael O. Herrera, Special Projects Coordinator by next scheduled meeting.